A PLEA FOR THE SPHINCTER ANI

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SOME years ago when cruising on the Georgian Bay, I landed upon what I supposed was an uninhabited island, to prepare lunch. When gathering some firewood I became conscious, as did Robinson Crusoe of ancient fame, of a "presence"! The preparation of lunch was, for the time being, abandoned, and I began to make a search for "the man, Friday". My difficulties were greater than those of the searcher in the ancient fairy tale, for there was no sand in which Friday could make footprints and thus mark out a path to lead me to him. However, upon raising my eyes to a projecting rocky precipice in order to determine the easiest way of ascent, I found the "presence" in the form of a sturdy squatting French-Canadian in the act of defecation! His back was to me and I had an excellent opportunity of studying the process. The sphincter dilated to fully two inches while an enormous bolus of fecal matter was passed.

While ruminating upon the sight, it occurred to me that if such could happen in a normal defecation, we surgeons were needlessly damaging the sphincter and expending uselessly much energy in forcibly dilating it, when there might be some means of bringing about a physiological dilatation preparatory to operations for hæmorrhoids. If this could be accomplished, we might save not only our patient's sphincter, but we might also obviate a great amount of the after pain. I am convinced that a good deal of the pain is due to the contraction of the undamaged fibres pulling upon the damaged ones, after forcibly tearing the muscle, for it is impossible to tear them all. It seemed to me, too, that one would prevent that beastly inconvenience of a prolonged incontinence of gas and feces following these operations.

Upon my return to the hospital, when a case of hæmorrhoids turned up for operation, I had him put in the lithotomy position under light anæsthesia, passed a long pair of artery forceps smeared

Read at the annual meeting of the Ontario Medical Association, 1917.

with vaseline through the anus well up into the rectum, and gently rubbed the point against the rectal mucous membrane. After a few seconds I noticed the sphincter begin to relax. As the forceps were withdrawn, I caught the rectal mucous membrane just inside the anus, and what was my delight when the whole pile-bearing area presented itself to view. The operation was then proceeded with and completed in a few minutes. When completed, the catgut sutures, which had been left long as tractors for a final inspection and scarification of the anal margin, were cut, and a morphine suppository inserted. Then a little diffuse pressure was made over the anus with a moist sponge, when the pile stumps returned within the anus. A vaseline dressing was applied and the patient sent to bed.

Imagine my surprise when I dropped in during the afternoon to find him propped up in bed, smoking a cigarette and reading the evening paper. This I may say is not always the case, for some people are more sensitive to pain than others, and some do suffer pain, but since adopting this means of dilating the sphincter, I have not the same dread of my first visit after operation as I formerly had. I have used it many times since and can commend it to you not only as an excellent means of exposure, but also as a great pain saver.

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